

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

#3

Patent Application

Inventors William Kevin Birnie
S. Anthony Dennis
Mark Daniel Furnari
Gang LiCase 1-1-1-1
Serial No. 09/384646
Filing Date August 27, 1999
Examiner

Group Art Unit 2745

Title Enhanced Roaming Notification

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D. C. 20231RECEIVED
NOV 19 1999
TECH CENTER 2700

SIR:

REQUEST FOR CORRECTED FILING RECEIPT


An Error appears on the filing receipt we recently received for the above-identified application, as indicated on the attached reproduction of the receipt. The error is circled in red and the correct information provided.

We would appreciate receiving a corrected filing receipt.

Respectfully,

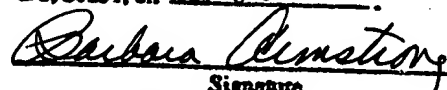
William Kevin Birnie
S. Anthony Dennis
Mark Daniel Furnari
Gang Li

By


Christopher N. Malvone, Attorney
Reg. No. 34866
973-386-2992

Date: SEP 30 1999

I hereby certify that this correspondence is being deposited with the United States Postal Service in first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC, 20231, on SEP 30 1999.

Signature
SEP 30 1999

Date of Signature

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/384,646	08/27/99	2745	\$838.00	1-1-1-1	3	18	4

DOCKET ADMINISTRATOR RM 3C-512
LUCENT TECHNOLOGIES INC
600 MOUNTAIN AVENUE
PO BOX 636
MURRAY HILL NJ 07974-0636



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) BIRNIE KEVIN BIRNIE; S. ANTHONY DENNIS; MARK DANIEL FURNARI;
GANG LI.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/16/99
TITLE
ENHANCING ROAMING NOTIFICATION

PRELIMINARY CLASS: 455

RECEIVED
NOV 19 1999
TECH CENTER 2700

DATA ENTRY BY: ARMSTEAD, LORRAINE TEAM: 06 DATE: 09/16/99

(See reverse for new important information)

FILE COPY

SERIAL NUMBER 09/384,646	FILING DATE 08/27/99	CLASS 455	GROUP ART UNIT 2745	ATTORNEY DOCKET NO. 1-1-1-1
-----------------------------	-------------------------	--------------	------------------------	--------------------------------

APPLICANT

KEVIN BIRNIE; S. ANTHONY DENNIS; MARK DANIEL FURNARI; GANG LI.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

RECEIVED
NOV 19 1999
TECH CENTER 2700

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/16/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

DOCKET ADMINISTRATOR RM 3C-512
LUCENT TECHNOLOGIES INC
600 MOUNTAIN AVENUE
PO BOX 636
MURRAY HILL NJ 07974-0636

TITLE

ENHANCING ROAMING NOTIFICATION

FILING FEE RECEIVED \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------------------------------------	---	---